MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001822

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 100 V Registrar's No. 552 STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL, KC, MO. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN LEE'S SUMMIT Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 423 Village Drive. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle BENJAMIN Last KUCHINSKI

4. DATE OF DEATH: Month Jan Day 27, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/4/94

9. AGE (last birthday): 67

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (City and state or country): HIGGINSVILLE, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Albert Kuchinski

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: MARY T. KUCHINSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 9/18/17 to 6/11/1[illegible]

16. SOCIAL SECURITY NO.

17. INFORMANT Address: VA HOSPITAL RECORDS K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line for)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEMORRHAGE OF LEFT CEREBRAL HEMISPHERE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
DIABETES MELLITUS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from Jan 25, 1962, to Jan. 27, 1962 and last saw ~~her~~ him alive on Jan 27, 1962
Death occurred at 3:45 PM 1/27/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. J. FRITZLEN, M.D. T.J. Fritzlen M.D.

22b. ADDRESS: VA HOSPITAL, K. C. Mo.

22c. DATE SIGNED: 1-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/30/62

23c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem.

23d. LOCATION (City, town, or county) (State): Kansas City Mo.

24. FUNERAL DIRECTOR ADDRESS: Langsford Funeral Home Lee's Summit Mo.

25. DATE RECD. BY LOCAL REG.: 1-30-62

26. REGISTRAR'S SIGNATURE: Ruth H. Longs

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3235

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.